

## US EMBASSY NOUAKCHOTT WARDEN REGISTRATION CARD

Please attach a photocopy of your U.S. passport to this registration card. A separate card is required for each individual. Please provide a map to your house if you are a resident in Mauritania; such maps are useful for evacuation in an emergency.

Consular Section contacts:

Phone: (222) 525-2660/63 extension: 4551 Fax: (222) 525-3945 Email: [consularNKC@state.gov](mailto:consularNKC@state.gov)

### Information about you:

Surname \_\_\_\_\_ First & Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

Local Address in Mauritania \_\_\_\_\_

City \_\_\_\_\_ Care of (Office, NGO, school...) \_\_\_\_\_ Country **Mauritania**

Gender ☐ M ☐ F Social Security Number \_\_\_\_\_ Blood Type \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
(day month year) (city, state, country)

Home phone  
(in Mauritania)

Work phone  
(in Mauritania)

Mobile phone  
(in Mauritania)

Fax  
(in Mauritania)

Email  
(Please print clearly)

Passport  
number

Date of issue  
(day month year)

Date of expiry  
(day month year)

Place of issue  
(city, state, country)

Departure date from Mauritania

Duration of stay  
in Mauritania:

Resident in Mauritania:

☐ Yes  
☐ No

Purpose of visit:

☐ Private ☐ Contract  
☐ Student ☐ Other

(day month year)

### Privacy Act Waiver (MUST BE COMPLETED)

In accordance with the Privacy Act of 1974 (PL 93-579), the Embassy cannot release information about you without your written consent. You may authorize the release of information by signing this waiver.

I hereby authorize the U.S. Embassy in Nouakchott, Mauritania, and the Department of State to release information about me to the following emergency contact and other persons checked below.

### EMERGENCY CONTACT INFORMATION:

Surname \_\_\_\_\_ First & Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

Emergency contact Address

City \_\_\_\_\_ State \_\_\_\_\_ Country: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Other persons (please check the authorized persons)

☐ Family ☐ Medical ☐ Legal representative ☐ Friend  
☐ Congress ☐ Press ☐ General public ☐ Other

Date

Signature

